

**United Way of the Greater Chippewa Valley
ANNUAL PROGRESS REPORT REVIEW FORM 2020-2021**

Agency Name: _____

Program Name: _____

Initiative (check one): Health Education Financial Stability Basic Needs

Name of Reviewer: _____ Date: _____

**Q1: How well did this program do with regards to meeting its projected outcomes?
This assessment should address the outcomes as a group, as well as individually.**

**Q2: What strengths are enabling this program to be successful?
This assessment should include examples that pertain to any aspect(s) of the program.**

**Q3: What concerns do you have about this program?
This assessment can pertain to any aspect(s) of the program.**

**Q4: What additional comments do you have after reviewing this program?
Examples could include needing additional information, further clarification or follow-up on statements made, questions that need to be addressed, etc.**